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CONFIRMATION NO. 8814

<b>SERIAL NUMBER</b> 10/583,055	<b>FILING or 371(c) DATE</b> 05/08/2007 <b>RULE</b>	<b>CLASS</b> 701	<b>GROUP ART UNIT</b> 3663	<b>ATTORNEY DOCKET NO.</b> 10191/4095		
<b>APPLICANTS</b> Armin Koehler, Sachsenheim, GERMANY; Sabine Brandenburger, Stuttgart, GERMANY; Hermann Schuller, Niefern-Orchelbronn, GERMANY;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/DE04/01618 07/22/2004						
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 103-60-893.1 12/19/2003						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/23/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/HEMAL A ALGAHAIM/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance HA Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1
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<b>TITLE</b> Method for Activating Personal Protection Means						
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		